

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO: 04/285473 FILING DATE:

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		1			
4	2		1			
5	(1)		1			
6	(1)		1			
7	(1)		1			
8	(1)		1			
9	(1)		1			
10	2		1			
11	2		1			
12	2		1			
13	2		1			
14	2		1			
15	2		1			
16	2		1			
17	2		1			
18	2		1			
19	2		1			
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TOTAL IND.			2			
TOTAL DEP.		2	19	2		2
TOTAL CLAIMS			21			

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